

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES- OTHER TYPES OF CARE

Item 1. Payment of Title XVIII Part A and Part B Deductible/ Coinsurance

The Medicaid agency uses the following method:

	Medicare-Medicaid Individual	Medicare-Medicaid/ QMB Individual	Medicare-QMB Individual
Part A Deductible Inpatient Hospital	<input type="checkbox"/> limited to State Plan rates <input checked="" type="checkbox"/> full amount	<input type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount	<input type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount
Part A Coinsurance Inpatient Hospital	<input type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount	<input type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount	<input type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount
Part A Deductible Nursing Facility Hospice Home Health	<input checked="" type="checkbox"/> limited to State plan rates* <input type="checkbox"/> full amount	<input checked="" type="checkbox"/> limited to State plan rates <input type="checkbox"/> full amount	<input checked="" type="checkbox"/> limited to State plan rates <input type="checkbox"/> full amount
Part A Coinsurance Nursing Facility Hospice Home Health	<input checked="" type="checkbox"/> limited to State plan rates* <input type="checkbox"/> full amount	<input checked="" type="checkbox"/> limited to State plan rates <input type="checkbox"/> full amount	<input checked="" type="checkbox"/> limited to State plan rates <input type="checkbox"/> full amount
Part B Deductible	<input type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount	<input type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount	<input type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount
Part B Coinsurance	<input type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount	<input type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount	<input type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount

*The Medicaid agency will not reimburse for services that are not covered under the Medicaid State Plan.